

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION OFFICE OF CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV EMAIL: customerservice.dpr@state.de.us

REQUEST FOR PRESCRIPTION REPORT- SELF

		INSTRUC	TIONS			
	 Use this form to request your own prescription records. This form is not for practitioner use. If you are a practitioner who wishes to receive a patient's prescription records, see Delaware Prescription Monitoring Program – click on Login under Practitioner & Pharmacist. This form is not for use of the parents, guardians or other representatives of patients. If you are a parent, legal guardian or representative of a patient, submit Request for Prescription Report-Representative of Patient. Submit completed, signed and notarized request form. Enclose a copy of a valid photo identification issued by a government agency in any jurisdiction in the U.S. 					
	☐ Send the form and ID to the	Office of Controlled Substance	es at the address	s above.		
1	Vour Full Name				_	
۱.	Your Full Name:	First	Middle	Last/Family	Suffix	
<u>2</u> .	Other Names Used:					
		(Include maiden, other mar	ried, alternative spe	ellings.)		
3.	Your Date of Birth (month/day/ye	Date of Birth (month/day/year): Gender: Male Female				
	Communication of Adams on the Communication of the					
١.	our <i>Mailing</i> Address:					
	City	State/F	Province	Zip/Postal Code	Country	
<u>.</u>	Phone:		Email:			
	Enter the dates of prescriptions earlier than 9/1/2011):	to be included in the repor	t (no From:	month/day/year	O:month/day/year	
	Do you understand that a person who is not authorized to have prescription monitoring information and who obtains such records fraudulently is guilty of a class E felony and, upon conviction, may be fined up to \$10,000 or imprisone up to five years, or both (16 Del. C. §4798)? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{No}} \)					
		AFFIDA	AVIT			
	undersigned, being sworn, depowers herein are truthful; that he o					
Sigi	nature of Requester:			Date:		
	State of	County of				
	Sworn to before me and subso	cribed in my presence this		day of	2	
		Signature of Notary: _				
	SEAL	Expiration Date:				

REQUESTS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.